

Provider Communication

Subject: Update HCPCS/CPT – NDC Crosswalk	Priority: High
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Dear Providers,

We are greater than four months into the Federal mandate requiring State Medicaid Agencies to begin collecting and reporting National Drug Code (NDC) numbers. While most claims for injectable drugs submitted on the new CMS 1500 and UB92 claim forms are processing correctly, there were reported/observed discrepancies regarding certain HCPCS/CPT codes not readily mapping to corresponding NDC numbers on the Department's crosswalk file—causing claim denials.

To clarify and update you on our findings and the status, we have compiled a list of frequently asked questions pertaining to the reported problems and expected outcomes:

1. Why does the State's crosswalk file appear to be different from CMS crosswalk file?

Beginning January 2007, the Department incorporated key components of the Medicare Part B NDC/HCPCS Crosswalk file and many of the injectable drugs listed. However, not all injectable drugs listed on the Medicare Part B NDC/HCPCS Crosswalk file are covered by the Department. Likewise, many injectable drugs covered by the Department are not listed on the CMS Crosswalk file. To review a list of injectable drugs approved for reimbursement by the Department, refer to the Departments' Physician Injectable Drug List (PIDL) at www.ghp.georgia.gov.

The Department's Crosswalk file is updated quarterly and periodically as new drugs are added or obsolete or invalid drugs are deleted.

2. Why are my claims continuing to deny against edit 1574—NDC Procedure Code Mismatch?

The system may not be recognizing the HCPCS/CPT NDC combination reported/billed as valid. Invalid HCPCS/CPT NDC combinations may be related to billing errors or crosswalk file set-up, i.e., the HCPCS code or NDC number may be a) incorrect, b) entered in the wrong field, c) missing the preceding N4 qualifier (where applicable), or d) not included on the NDC Crosswalk file. To determine if the claim denial is related to a correctable billing error or crosswalk file set-up, it is important to trouble shoot the issue:

Trouble Shooting Tips:

1. Verify the drug is covered by Georgia Medicaid—refer to the Physician Injectable Drug List at www.ghp.georgia.gov.
2. Check the HCPCS/CPT code to ensure it is valid, an approved code, and is being reported in a 5-digit alpha-numerical format
3. Check the NDC number to ensure it is being reported in an 11-digit numerical format. For NDC numbers with less than 11-digits, add "0" where indicated (refer to previous banner instructions).
4. Verify the N-4 qualifier is being reported with the NDC number on paper and X-14 electronically submitted claims **only** (refer to previous banner instructions)

5. Contact the Provider Inquiry Unit at (404) 298-1228 or toll free at (800) 766-4456 to verify the HCPCS code is on the crosswalk file.

If found to have been billing errors, correct and resubmit the claim.

If the response to all of the above is yes, it is possible the HCPCS/CPT NDC combination not be listed on the walk file. If the drug is already on the crosswalk file under a different HCPCS/CPT code, the second HCPCS/CPT code cannot be added or processed. Namely because the crosswalk file entry process does not allow for more than one HCPCS/CPT code for the same drug to be mapped to the NDC number—resulting in claim denials.

For example, if CPT 90645 (HIB Vac, HBOC, IM) is already listed and mapped to NDC # 54569-5269-00—CPT 90647 (HIB Vac, PRP-OMP) cannot be added as it also maps to NDC 54569-5269-00. Other examples include but are not limited to:

- a. 90633 (Hep A Vac, Ped/Adol, 2 dose) and 90634 (Hep A Vac Ped/Adol, 3 dose) share NDC 00006-4831-00
- b. J0885 (Epoetin Alfa, 1000 units (for non-ESRD use)) and J0886 (Epoetin Alfa, 1000 units (for ESRD on dialysis)) share NDC 55513-0148-10

3. What is being done to allow claims to process where there may be multiple HCPCS/CPT codes mapping to one NDC number?

A system update is underway. Mandatory testing and system validation is required before final implementation. The estimated date of completion and implementation is August 2007.

4. Is there a temporary work-around to process my claims pending the fix and implementation?

Unfortunately, there is no temporary work-around. The Department does however expect to automatically reprocess all impacted claims without further provider intervention; upon implementation of the corrective action.

5. Do I hold claims I believe to be impacted pending the system update or until further notice?

NO. Do not hold the initial submission pending the fix. It is important for you to continue to submit claims within the timely filing period—at least once. Although the claim will deny, if related to the crosswalk file, the denial transaction code number (TCN) generated will allow us to isolate the problem and systematically capture the claim for future re-processing. Claim denials not related to the crosswalk file set-up are subject to timely filing guidelines.

6. Are there specific HCPCS codes or NDC numbers are impacted?

HCPCS/CPT codes and NDC numbers directly impacted are those where two (2) or more HCPCS codes, used to report the same drug, share one (1) NDC number. While not all, a large number of the codes referenced are used to report/bill vaccine drugs. Likewise, a few antibiotics and dialysis related drugs have been reported